Auden House Care Limited

Auden House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 20 September 2016. The last inspection of this home was carried out on 30 September 2014. The service met all the regulations we inspected against at that time.

Auden House is a privately owned residential home in the Audenshaw area of Tameside, Greater Manchester which provides personal care and accommodation to older people. The home is located within close proximity of local shops and transport routes. Auden House is registered with the Care Quality Commission to provide care to a maximum of 24 people. At the time of the inspection 24 people were using the service.

The service had a registered manager in post. The registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not available at the time of the inspection. We were supported by the registered provider, deputy manager and administrator.

People and relatives felt the service was safe. One person said, "The security for a start makes you feel safe and knowing there's always staff around if you need them."

The provider had a recruitment policy in place and carried out relevant checks before staff started work. Staff received an induction when commencing employment.

Staffing levels were appropriate to people's needs. The provider used a dependency tool to ascertain safe staffing levels. One relative told us, "There's always staff around and the night staff are also very good as well."

The provider had policies and procedures in place for medicine management. People's medicines were managed safely. We observed safe handling of medicines during the inspection.

Risk assessments were in place for people to mitigate assessed risks. These were reviewed and relevant to people's needs. The provider carried out risk assessments on the building and kept a file of health and safety checks and certificates. Such as gas safety checks and electrical installation certificates.

Staff training was up to date. The provider ensured staff received appropriate training to meet the needs of the people using the service. The provider had an annual planner for staff supervisions and appraisal. Staff told us they received supervision on a regular basis and annual appraisals to review their performance.

Staff understood the principles of Mental Capacity Act 2005 (MCA) assessments and when they may be completed. Staff also had an understanding of Deprivation of Liberty Safeguards (DoLS) including what they

were, when they were used and understood that a number of people living in Auden House had a DoLS in place.

Each person at the home had individual care plans which set out their specific needs and how they wanted to be supported. People and their families were involved in care plans; files contained a signed document to evidence involvement and agreement with plans. People's care plans included risk assessments for pressure care, falls, personal safety, mobility and nutrition.
Records showed that people were supported to access healthcare professionals about their health needs, such as GPs, physiotherapists, chiropodists, opticians and dentists. We spoke with one visiting health care professional. They told us, "They had gotten the notes all ready for me, and knew what I was seeing the person for."

Staff treated people with dignity and respect. We observed staff speaking to people in a respectful and polite manner, referring to people by their preferred name.
Information relating to various advocacy services including Independent Mental Capacity Advocates (IMCA) was available to people and displayed in the home with relevant contact details.

We observed the activities co-ordinator and other staff members engage people in a karaoke style sing along. We observed people engaging with staff and the activity, singing, smiling and dancing. One person told us, "[Activities co-ordinator] is lovely, they're a breath of fresh air."

The provider had a policy and procedure in place to manage complaints. No formal complaints had been received by the service. When asked if they had any complaints about the service one person said, "No not really. If there was anything serious I would complain.

The manager operated an open door policy in the home. Staff told us they felt the service was well managed. One staff member said, "She's lovely. If you've got a problem she'll sort it out for you."

We received similar feedback from the people, relatives and health and social care professionals we spoke with. One person told us, "She's fine, she always has a laugh and a joke with you. We obtained feedback from the local authority commissioning team who commented, 'The council has a good working relationship with the manager of the home and they will respond to requests for information and seek advice if needed.'

Staff told us they had regular staff meetings. One staff member said, "We can bring things up in the staff meeting." The provider is the dementia champion in the service; we found they held monthly dementia meetings to share best practice.

The registered manager and deputy manager completed a number of audits in the home which varied in frequency. These were effective in identifying issues and required improvements which were then acted upon.

Surveys were sent out to people, relatives and staff every six months. Results were recorded, analysed and actions were generated from feedback received. One of the most recent thank you cards received by the service stated, 'Thank you very much for looking after [family member]. We were really happy with the warm welcome and you all do a brilliant job'.

The service were accredited for the Daisy Standards Award for dignity. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People's medicines were managed safely.

Staffing levels were appropriate to people's needs. The provider used a dependency tool to ascertain safe staffing levels.

The service had a business continuity plan in place in case of an emergency. People had personal emergency evacuation plans for staff to follow.

Is the service effective?

Good

The service was effective

People and relatives felt staff were skilled and experienced. Staff received regular training, supervision and annual appraisal.

The provider worked in line with the principles of the Mental Capacity Act 2005.

People's health needs were assessed and the provider ensured people had access to health care professionals.

Is the service caring?

Good

The service was caring.

Relatives and people told us they felt the service was caring. The atmosphere within Auden House was warm and welcoming.

We observed positive interactions between people and staff. Staff treated people with dignity and respect.

Information relating to various advocacy services including Independent Mental Capacity Advocates (IMCA) was available to people and displayed in the home with relevant contact details.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their individual needs. People's preferences were captured in care plans.

The service had a range of activities for people to join in.

The provider had a policy and procedure in place to manage complaints. No formal complaints had been received by the service

Is the service well-led?

Good

The service was well led.

Relatives and people felt the management was supportive. Staff felt the service was well managed.

The provider was proactive in meeting their responsibilities in relation to submitting relevant notifications to CQC.

The provider had an effective quality assurance system in place to monitor the quality of the service.

Auden House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 September 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we spent time with people and observed how staff supported them. We also spoke with four people and two relatives. We spoke with the provider, deputy manager, assistant deputy manager, the activity coordinator, administrator and four care workers. We also spoke with a visiting health care professional for their views of the service. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of three people, the recruitment records of two staff, training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "The security for a start makes you feel safe and knowing there's always staff around if you need them or if there's a reason you don't feel safe." One relative told us, "Oh yes, very safe. That was one of the main reasons I wanted [family member] to come into the home. I come away from here feeling content knowing [family member] is safe and well looked after. It's important to feel [family member] is secure."

The provider had policies and procedures in place to keep people safe. For example, accidents, incidents, safeguarding and whistleblowing. The registered manager kept a safeguarding log outlining incidents, investigations and outcomes. We found incident logs, staff statements and registered manager investigation notes. Where appropriate correspondence had been forwarded to relatives outlining findings and actions taken by the service. Where there were lessons learnt from safeguarding incidents, these were discussed with staff during meetings. For example, improving communication between staff and the local authority safeguarding team.

Staff demonstrated a good understanding of safeguarding people. Staff were able to name and describe different types of abuse and gave examples of signs people may show if they were being subjected to abuse, such as physical marks, changes in their usual behaviour and weight loss. Staff explained the reporting process for safeguarding concerns. One staff member said, "During the week I'd go straight to [registered manager] and if it was a weekend I'd report it to [deputy manager]." The provider had a whistle blowing policy in place which staff told us they were aware of and knew how to use.

The registered manager kept a log of all accidents and incidents. Details of the accident/incident and action taken by staff were recorded. The registered manager completed an audit to look for trends or patterns. For example, looking at the times of falls to ascertain if staffing levels were appropriate.

The provider had a policy and procedure in place for safe management of medicines. The home's policy had been reviewed recently to include a covert medicine care plan. Two people received their medicines covertly. Only one person had a covert medicine care plan in place. The deputy manager told us, "The care plan is being piloted to see if it is appropriate, we need to get the GP to review the care plan to make sure it covers everything. [Person] has only recently been assessed as needing medicine covertly. This had been agreed in line with MCA and best interests.

We spent time with staff whilst they were completing their medicines round. We noted medicines were administered in accordance with good practice and people were treated with respect and patience.

The majority of medicines were contained in colour co-ordinated blister packs which corresponded with colours on medicine administration records (MARs). The different colours represented different times of the day for morning, lunchtime, afternoon and nights. We viewed MAR records and found they were fully completed. There were no protocols in place for 'as needed' (PRN) medicines for people. We spoke with an assistant deputy manager who informed us they asked people if they required PRN medicines as each

person concerned, had capacity to communicate if they were experiencing pain and needed their medicines.

Competency checks were regularly completed to ensure staff administering medicines were safe and experienced to do so. In addition regular audits were completed by the management which would helpidentify any medicines errors.

People had individual risk assessments in place to mitigate assessed risk. For example, skin integrity assessments and falls risk assessments. These were reviewed regularly or when there was a change in the person's needs. Where people were at risk of falling from bed, crash mats were in place along with bed sensors, to alert staff.

An environmental risk assessment was in place for the building covering housekeeping, lighting heating and water. A legionella risk assessment had been completed. Water temperatures were checked and recorded along with disinfecting records for shower heads.

The provider ensured health and safety checks were carried out. For example, electrical installation checks, gas safety checks and portable appliance checks. The provider had worked very closely with the Greater Manchester Fire and Rescue Authority on a new fire policy and risk assessment for the building. Systems and processes were in place to ensure the building and staff response to fire was safe. Weekly and monthly tests were carried out on systems such as fire alarms and emergency lighting.

The provider had taken a course in portable appliance testing. This enabled peoples own pieces of electrical equipment to be tested as soon as they were admitted rather than having to wait for an outside contractor to visit. The provider told us, "It's important for people to be able to use their own things straightaway, by doing the course I can test the equipment and they can get on using it."

The provider had an infection control file, this contained information regarding differing types of infections and how to manage them, along with contact details of infection control link nurses. The services used the department of health guidance along with NHS steps to safe clean care. There were numerous signs for staff to follow regarding hand washing. We found a good supply of personal protective equipment available for staff.

The provider had a recruitment policy in place to ensure thorough and safe recruitment. We looked at two staff recruitment records. People's identification and employment history were checked, references obtained and a disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff completed an assessment during the interview process to cover specific areas, for example how to maintain independence, dignity and privacy. Staff were issued with a staff handbook which sets out the ethos of the service, along with employment information and associated policies and procedures. Staff signed to state they had read and understood the contents of the staff handbook.

People and relatives told us there were enough staff to meet the needs of people living in the home. One person said, "If you want something or want the carers to do something you press it (nurse call) and they come along. They come as quickly as they can but you have to consider they may be helping other people as well. You're never waiting long." A relative told us, "There seems to be a lot of staff here. There's always staff I can grab if I need them. Not just their key worker, any staff, they all know [family member] and what they need." Another relative said, "There's always staff around and the night staff are also very good as well." A

key worker will have an understanding of the persons particular needs and will develop a relationship with the person regarding their care and support.

During our inspection we did not observe any occasions where people were left unassisted for a long period of time, or had to wait for support. We noted call bells were answered in a timely manner throughout the day and people were regular checked by staff to ensure they had support if required.

We reviewed current and historical staffing rotas. There were enough staff to support peoples assessed needs in line with the dependency tool used by the provider. The dependency tool was calculated on a bi-monthly basis. Rotas were developed on a fortnightly basis. The provider told us, "Any change in need would trigger a review of the dependency tool and the rotas would be reviewed according to assessed care hours." The service had a steady staff team and did not rely on agency staff. The service had an on call system so staff had someone they could contact during the night.

The provider had a business continuity plan. The plan contained contact numbers for agencies such as electricity and gas suppliers. Staff were aware of the plan and its contents. People had personal emergency evacuation plans on file which were reviewed on a regular basis, these had been completed by the provider who had received training as a fire marshal. They told us, "Following the training I made sure all the information relating to evacuation was up to date. We use a horizontal evacuation in the home." This meant staff had guidance and information in case of an emergency.

Good

Is the service effective?

Our findings

People and relatives told they felt supported by staff who were skilled and experienced in their role. One person said, "They are great. They're very kind and understanding." One relative said, "The staff are great. They know [family member] and what they need." Another relative told us, "I think there's a very strong awareness of the needs of the people from the staff." We observed a member of staff offering to support a person from the dining room to one of the lounges. We heard the person say to the member of staff, "If you're coming with me I'll come. I can trust you. You know what you're doing."

Staff told us they received regular training and felt equipped to do their jobs. They also told us they could ask for further training if they wanted it. One member of staff said, "We get enough training. I could go up to the manager and say I'm really not confident with moving and handling (for example), can I do it again." They went on to tell us the registered manager would arrange for them to attend the training as requested.

Staff completed an induction into the service and worked closely with a senior member of staff during their first weeks in post. Staff training was up to date. The registered manager maintained a training matrix which showed all staff had completed training relevant to their job role. For example, moving and assisting, dementia and basic first aid. Training was refreshed on an annual basis. Care workers were currently working towards completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that is covered as part of induction training for new care workers. All staff had recently completed an end of life course with Leicester College.

The provider had a proactive approach to fire training and had completed training to be the fire marshall and trainer in the home. At a recent training session staff were provided with fire extinguishers to use in the garden area so they could experience what it felt like to actually use one. The provider told us, "This is something I will be doing at the next training session so more staff can experience this."

The registered manager had an annual planner in place for staff supervisions and appraisals. Supervisions and appraisals were carried out by the registered manager, deputy managers and senior carers. Staff told us they received regular supervision and annual appraisals. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Staff said they felt supported to carry out their roles and found supervisions useful. One staff member said, "They're quite frequent. It's definitely often enough that you can say everything you need to say." Another staff member told us, "If you have anything you need to chat about in the meantime you can pop your head in [manager's] office."

Supervision records were detailed and contained set topic areas for discussion. An assessment of the staff member's performance was completed at each supervision session. Any actions from the supervision were recorded and signed by both parties. The appraisal process allowed staff members to record their views of performance prior to the actual appraisal meeting as well as outlining any specific areas for discussion at appraisal. We found all documentation relating to appraisals to be comprehensive with a detailed summary

completed by the appraiser. Objectives for the following 12 months were set and agreed by both parties. The registered manager kept an appraisal objective log to enable tracking of staff objectives along with timescales.

We asked staff what they discussed during the supervision sessions. One staff member told us, "We are asked what training we'd like to do, do we have any concerns and if we feel confident doing our job or if we need support."

Staff told us, "There's a policies file in the office. If you have a spare ten minutes you can read the file and refresh your knowledge."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the principles of MCA assessments and when they may be completed. Staff also had an understanding of DoLS including what they were, when they were used and understood that a number of people living in Auden House had a DoLS in place.

The provider had a policy and procedure in place for MCA and DoLs, this was accessible to staff for information and guidance. The registered manager kept a log of all DoLs authorisations. These detailed the application date, type of application, supervisory body and outcome. The expiry date was also recorded to ensure a timely application could be made for a further authorisation. We found records of completed applications along with correspondence from the supervisory body on the progress of applications.

MCA assessments were completed and records maintained to demonstrate the service had looked at restrictive practices. We found for one person who was having their medicines administered covertly no best interest assessment was on file. The service were able to obtain evidence from the GP of a best interests meeting that had taken place. The deputy manager placed the evidence on the person's care file. Consent to care and support documents were on file signed by people or their advocate.

Risk assessments were in place for people who lacked capacity and may leave the building. The registered provider had had installed an alarm to alert staff when the front door was opened. This meant the front door did not have to be locked. Staff knew to respond immediately if the door alarm sounded. We saw staff respond immediately whilst we were in the home. This demonstrated that the provider had considered the least restrictive method.

People were offered a choice of two dishes each mealtime. One person told us, "The food is very good, there's usually something I like. There's usually an alternative to choose. If there was nothing you liked they'd make you something else. For breakfast there's a full range of things from English breakfasts to cereal. I usually prefer a small bowl of cereal and a slice of toast." They went on to tell us at supper time they

were offered "drinks, biscuits and sometimes a bit of cake". The also said, "I definitely get enough to eat."

One person told us, "They offer a variety of drinks. They'll make Horlicks and cocoa. I'm a tea drinker myself. One [person] has coffee, black with one sugar and they (staff) make that for them. They always remember how [person] likes it." A relative said, "The food is great here. It's all home cooked. [Family member] used to have ready meals at home."

One person told us, "The kitchen person asks you on a breakfast time what you want for your lunch. The heavy meal is on a lunch time. A lighter meal is on at teatime. It's usually a variety of sandwiches, crisps and cakes."

During meal times we observed the tables were set nicely with place mats, napkins, cutlery, condiments, cups, menus and artificial flower arrangements. The dining room was decorated in a homely way with pictures, wall art and a clock. Meals served were well presented and looked appetising.

We observed a meal time experience in the dining room. The atmosphere was relaxed and people were served their food in a polite, respectful manner. Staff encouraged people to eat independently where possible. People who required support to eat their meals were patiently supported at a pace comfortable to each individual. Staff also prompted others where needed which seemed to be effective. People were observed finishing their meals or stating they felt full.

Care records contained nutrition and hydration assessments along with dietician's recommendations. The deputy manager told us, "These are completed if there is a change in people's weights or they are not eating well. This may be monthly." Food and fluid intake charts were in place for people who were deemed at risk. These were evaluated by the dietician as part of their review of people's nutritional status.

A relative told us, "That's another thing, they don't mess around, they get nurses and doctors out straight away and they keep us informed." Another relative said, "Another thing is with the doctors. There's no hesitation or if [family member] needs to see the district nurse (they arrange it) and they chase things up."

Records showed that people were supported to access healthcare professionals about their health needs, such as GPs, physiotherapists, chiropodists, opticians and dentists. We spoke with one visiting health care professional. They told us, "They had gotten the notes all ready for me, and knew what I was seeing the person for."

Good

Is the service caring?

Our findings

People and family members gave us positive feedback about the care provided at the service. One person told us that staff were "very helpful, very friendly" and the service was "very homely". They went on to say, "You get the feeling of homeliness when you come into this place."

One relative said, "Staff are natural with people. It's no effort. I came in one day and [family member] was lovingly wrapped in their blanket in the conservatory." Staff told us [family member] was a bit chilly so they had rang the nurse to come and see them." Another relative told us, "They're also very loving with people who will accept it. Even with touch, whether it's a hug or a kiss on the cheek. I think that's very important. My [family member] had gone to hospital early morning. When the night staff member finished their shift they came to the hospital to see my [family member]."

The atmosphere within Auden House was warm and welcoming. One person said, "I am settled. I've actually put my house up for sale so I'll be here for a while." One relative told us, "It feels family orientated. I've asked if I can bring things in for my [family member] and they've said 'of course, this is your [family member's] home'." Another relative told us they visited at the home at different times of the day and the atmosphere was always the same. They told us, "It's like a home from home."

Throughout our inspection we observed positive interactions between people and staff. We noted where people were receiving support, either moving throughout the home or with a drink or food, staff spoke to them clearly, offered them choices and if needed, described to them either what they were doing or what their options were.

Staff supported people gently and patiently, providing prompts and encouragement when required and at a pace comfortable to each individual. We observed staff sitting and chatting with people as well as doing activities with them. Interactions between staff and people was positive, warm, friendly and familiar. There were lots of smiles in the lounges, dining room and conservatory with people interacting with each other as well as with staff.

Staff treated people with dignity and respect. Staff spoke to people in a respectful and polite manner, and referred to them by their preferred name. Staff were observed knocking on people's doors and waiting for a response before entering. When asked if staff were respectful one person said, "Oh yes, yes they are." One relative said, "They treat [family member] with dignity and respect. Staff asked [family member] about their history when they first came here." Another relative told us, "They try to give them as much dignity as possible. Respect, dignity, caring, I can't speak any higher (of the service)."

Staff told us how they ensured people's dignity and privacy was maintained. One staff member said, "We keep doors shut and always explain what you're going to do." Another staff member said, "We keep people covered as much as possible when helping them to get washed."

Staff spoke about people with genuine affection. They knew what individual people liked to do and had

interests in and could explain people's daily routines. One relative said, "They're kind. They treat residents like a member of their own family which is very important." Another relative said, "Staff are really good with relatives as well. They're very sensitive to relatives' needs. There's been times when I've been upset (during difficult times). My needs were met as well as my [family member's]. I could stay as long as I wanted. Nothing was too much trouble, including privacy."

At the time of the inspection no one required the support of an advocate. Information relating to various advocacy services including Independent Mental Capacity Advocates (IMCA) was available to people and displayed in the home with relevant contact details.

Good

Is the service responsive?

Our findings

People told us they lived their lives the way they wanted and had their own routines. One person said, "It makes a big difference when you can decide what time you get up and come downstairs. On an evening I'm very fond of my soaps so I go up to my room early. A member of staff comes with me. They'll help you with things and then ask 'is there anything else you need' before leaving me to my soaps."

People received personalised care that was responsive to their individual needs. One person told us, "They'll (staff) do anything for you." "Last week I had a fall, nothing too serious, no broken bones or anything. But it knocked my confidence so I asked staff to stay with me while I got washed (which they did). I'm more confident again now."

Relatives told us they were involved in planning their family member's care and were regularly kept up to date. One relative said, "Communication from staff is very good with family. They keep you informed. I usually come every day but days I don't come they reassure me and say I can ring anytime."

People were assessed prior to admission to ensure the service could meet their needs. Care plans were personalised and set out 'how can you assist me' and what I want to achieve.' We found people's preferences were captured in care plans. For example, what time they wanted to get up and go to bed. Where changes in need occurred these were recorded on a separate review document and care plans were updated accordingly. People had advanced care plans in place to ensure the service captured what was important to people and what their needs and preferences were for the future. Files contained a signed document to evidence involvement and agreement with plans.

Care files contained a 'this is me document' these told a story of who the person was and what their likes, dislikes and wishes were along with personal details about their life and family. Such documents accompanied people who were admitted to hospital. This meant that other health care professionals had an insight into the person and their needs.

During the inspection we observed the activities co-ordinator and other staff members engage people in a karaoke style sing along. People took it in turns to sing some of their favourite songs into the microphone. Staff encouraged people and made the activity light hearted and fun. We observed people engaging with staff and the activity, singing, smiling and dancing. During the activity another person entered the lounge with their relative to join in the fun. Their relative told us the family member could hear the singing and laughter and told them they wanted to go and join in.

One person told us, "[Activities co-ordinator] is lovely, they're a breath of fresh air." They went on to tell us they didn't really join in many activities as they liked peace and quiet but knew they could join in if they wanted to. One relative told us, "[Activities co-ordinator] is great. One day I came with my [relative] and [family member] was doing an activity in the lounge. Their face was lit up and they were catching the ball and throwing it back." They went on to tell us, "[Family member] gets their hair done and has glittery nail varnish on. There's always something going on." Another relative said, "They have various activities like

music and singing. They encourage elements of people's personalities. They always have a laugh and a joke and encourage humour (with people)."

The activities co-ordinator told us, "I have a weekly plan but I also ask the residents on the day what they want to do because sometimes, for instance, they might not want to do arts and crafts but want to play bingo instead. I also ask residents what they want to do the next week when I'm planning activities (for the week ahead)." They went on to tell us, "It doesn't change that often but it all depends on what the residents want to do."

When telling us about different activities they organised and did with people the activities co-ordinator said, "We do arts and crafts, pamper days where I do their nails and hair and massages. I know how to give head and hand massages. We also do cake decorating, bingo, ball exercises and karaoke." They went on tell us, "Some people struggle with their memories but they know all the words when they're singing. They love it."

The service engaged with community projects such as the Manchester Camerata opera group in collaboration with Tameside Council. People using the service performed at the Bridgewater Hall in September 2015 and then at Hyde Town Hall Jun 2016.

The provider showed us around the sensory garden. People who use the service are supported and encouraged to grow fruit and vegetables with support from the provider. We saw that produced is used in the service's kitchen by the catering staff. The garden is used in the summer months for garden parties and community activities with people sitting out with friends and families. There is a dementia pathway within the garden along with a greenhouse which is accessible to people. The provider told us that people who use the service help with the potting up of plants. The service also held an annual sunflower competition.

The provider had a policy and procedure in place to manage complaints. The registered manager kept a complaints/dissatisfaction log of concerns raised by people and relatives. This detailed the description of the concern along with the outcome. No formal complaints had been received by the service. When asked if they had any complaints about the service one person said, "No not really. If there was anything serious I would complain. There's a couple of staff I would complain to then they would take it off your hands and deal with it." One relative told us, "If there was a concern I wouldn't have any qualms in speaking to [manager] or an appropriate person. But no, there's never been any reason to complain."

Good

Is the service well-led?

Our findings

One relative told us, "I feel quite blessed we found this place. I could pinch myself, we feel so lucky. We've got our [family member] back." They went on to explain their family member had regained their spark and zest for life, engaging with other people and staff and enjoying activities. They said, "I can't believe the difference in my [family member]. They're happier now than they have been in the last two years. Another relative told us, "This is the best thing that could have happened to my [family member] coming here. The care that's given here is excellent and not just for my [family member] but also the care I see given to other residents. Put it this way, if I had to come into a care home I would come here. I can't say enough. It's more than outstanding. I don't think there's a word to describe this place."

The home had an established registered manager who had been in post since 1 August 2001. The registered manager was not available at the time of the inspection. We were supported by the registered person, deputy manager and administrator who were able to provide us with all the records and documentation we required. We found the registered provider were proactive in meeting their responsibilities in relation to submitting relevant notifications to CQC.

The registered manager operated an open door policy in the home. Staff told us they felt the service was well managed. They said the registered manager was supportive and approachable and they could raise any questions, queries or concerns at any time. One staff member said, "She's lovely. If you've got a problem she'll sort it out for you." Another staff member told us if they had any issues or problems the registered manager would sort it out "straight away". They also told us, "She checks you're okay." During the inspection we observed staff enter the office to speak with the deputy manager for various reasons and to obtain particular files. One relative told us, "It's the open door policy as well. You can visit anytime and the atmosphere is always the same."

We received similar feedback from the people, relatives and health and social care professionals we spoke with. One person told us, "She's fine, she always has a laugh and a joke with you." One relative said, "Oh she's great, really good. She's got her eye out for [family member]. She's quite a lively character and gets everyone going." Another relative told us, "She's great, absolutely great. She's very approachable, good with the residents. From what I've seen she's good with staff too. She's very supportive." We obtained feedback from the local authority commissioning team who commented, 'The council has a good working relationship with the manager of the home and they will respond to requests for information and seek advice if needed.'

Staff told us they had regular staff meetings. One staff member said, "We can bring things up in the staff meeting." Staff told us, "Staff can add agenda items." They went on to tell us they were always asked if they had anything to raise during staff meetings. Discussions included communication, security, staffing, equipment, falls, fire safety, safeguarding, any issues or concerns and training. Minutes of staff meetings were available in the main office for staff to read. Any actions agreed were reviewed in the meetings that followed. The provider was the dementia champion in the service, we found they held monthly dementia meetings to share best practice.

The registered manager and deputy manager completed a number of audits in the home which varied in frequency. They completed service audits based on person centred care planning as well as other audits such as medicines management, health and safety and people and relative involvement. These were effective in identifying issues and required improvements which were then acted upon. For example, providing additional training for staff for end of life care.

Surveys were sent out to people, relatives and staff every six months. Results were recorded, analysed and actions were generated from feedback received. Records showed the registered manager also compared feedback and results with those received from the previous surveys sent out.The results of surveys, previous inspection report and the local authority monitoring visits were all on display on the "knowing how we are doing" noticeboard which is available in the reception area for visitors, relatives and people.

When asked if they could think of any improvements the service could make one person said, "Not that I can think of at the moment." A relative told us, "I genuinely don't think they could (improve the service further). I'm delighted [family member] is here. It feels like home. It's a jolly place." Another relative said, "I think it's brilliant. I have recommended Auden House to two people. One of them has their [family member] here now too."

We asked staff what they thought the service did particularly well and if they thought any improvements could be made. All the answers were positive. One staff member told us they thought areas where the service did particularly well was in relation to, "Making it a home and a community and fitting life around the people. Making it as comfortable as possible for the residents and bringing them together." Staff told us they couldn't think of anything to be improved with the service.

The home had received a number of thank you cards from relatives of people who had previously lived in Auden House. One of the most recent cards received by the service stated, 'Thank you very much for looking after [family member]. We were really happy with the warm welcome and you all do a brilliant job'.

The provider told us about the various awards the service had received. They are accredited for the Daisy Standards Award for dignity. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done. Where an organisation has been accredited with achieving the Daisy Standards, this demonstrates an organisation which values the principles of dignity and ensure that the standards of dignity are upheld every day, everywhere, for everyone. This meant that the provider invests in their staff to drive improvements in their care delivery.